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Division of Corporations

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Fax Number : (850) 617-6383

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Account Name : EDWARDS WILDMAN PALMER LLP
Account Number : 075410001517
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Email Address: jaime@iguana-farm.com

FLORIDA LIMITED LIABILITY CO.
REPLYMANAGER, LCC

Certificate of Status	1
Certified Copy	1
Page Count	02
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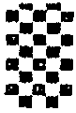
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April 10, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EDWARDS WILDMAN PALMER LLP

SUBJECT: REPLYMANAGER, LLC
REF: W14000022774

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

FAX Aud. #: H14000084937
Letter Number: 314A00007692

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*Corrected. Can we please get
our original file date?
Thank you.*

P.O. BOX 6327 - Tallahassee, Florida 32314

RECEIVED TIME APR. 10. 9:04AM

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Articles of Organization
of
ReplyManager, LLC

The undersigned subscriber to these Articles of Organization, a natural person competent to contract, hereby forms a limited liability company under the laws of the State of Florida.

ARTICLE I. NAME

The name of the limited liability company is ReplyManager, LLC.

ARTICLE II. ADDRESS

The mailing address of the principal office of the limited liability company is 8962 SE Bridge Road, Hobe Sound, FL 33455 and the street address of the principal office of the limited liability company is the same.

The street address of the initial registered office of the limited liability company is 8962 SE Bridge Road, Hobe Sound, FL 33455, and the name of the initial registered agent of the limited liability company at that address is Jaime Pereira.

ARTICLE III. TERM OF EXISTENCE


This limited liability company is to exist perpetually.

ARTICLE IV. MANAGERS

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	<u>Name and Address:</u>
Manager	Jaime Pereira 8962 SE Bridge Road Hobe Sound, FL 33455

Manager	Jodi Gaines Pereira 8962 SE Bridge Road Hobe Sound, FL 33455
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Jaime Pereira, Authorized Representative of a Member

Signature of a member or authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/ REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **ReplyManager, LLC**.
2. The name and address of the registered agent and office is:

Jaime Pereira
8962 SE Bridge Road
Hobe Sound, FL 33455

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of the undersigned's duties, and is familiar with and accepts the obligations of its position as registered agent as provided for in Chapter 605, F.S.


Jaime Pereira

April 9, 2014

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